

FILED APR 8 1947

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jacks on**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1108 West 49th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether)
In this community **50 years**
years, months or days)

3. (a) PRINT FULL NAME **Miss Emma V. Davis**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **March 29 1856**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 11 26 hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER

12. Name **Temple H. Davis**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Frances Ann Hendren**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frances Virginia Scarritt**

(b) Address **1108 West 49th, Kansas City, Mo.**

17. (a) removal (b) Date thereof **3-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hydesburg, Mo.**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) 3-25-47 (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jacks on, 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **1108 West 49th Street, 8**
(If rural, give location) **0**
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**
year **1947** hour **12:05** minute **A.** M.
21. I hereby certify that I attended the deceased from **May 27, 1934**
1934 19 **to** **Mar. 23, 1947**
that I last saw her alive on **Mar. 22, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, chronic.** Duration

Due to **1. Senescence**

Due to **2. Arthritis Deformans, (Rheumatoid).**

Other conditions **uterine fibroid.**
(Include pregnancy within 3 months of death)

Major findings: **930**
Of operations

Of autopsy **Not done**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. P. Chamberlain** (M. D. or other) **M.D.**

Address **1103 Grand Ave, K.C., Mo.** Date signed **3/24/47**

Dr. James Chambers

Prof. Binko

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed John Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address. K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.